



# **ANNUAL REPORT**

UPON THE

**Public Health**

AND

**Sanitary Administration**

OF THE

**Rural District of Abergavenny**

FOR THE

**Year 1962**

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Medical Officer of Health

and

Medical Officer of Health No. 10 Area.



# Annual Report

1962

Mr. Chairman, Ladies and Gentlemen.

The present century has seen an overall decline in the incidence and mortality of the more important infectious diseases, but we are occasionally forcibly reminded of their existence. This happened in 1962.

Early in the year, several outbreaks of Small Pox occurred in England and Wales. We were fortunate in that no case occurred in Monmouthshire, but fear and panic soon possessed a large section of the community. Abergavenny Rural District was no exception. In a very short time, reports and pictures appeared in the newspapers and on radio and television of long, trailing queues of people waiting to get themselves or their children vaccinated. It seemed immaterial that most of them were in no danger of contracting the disease. Nothing would allay their fears other than vaccination. Surely these queues were evidence of responsibilities neglected.

For many years now, the immunisation and vaccination of children are routine procedures in our clinics. In Abergavenny Rural District, a parent can bring a child to be vaccinated on any clinic day and it is done almost immediately (within minutes) without even an appointment—that is, of course, unless there is some contraindication, e.g., intercurrent illness.

Many of the mass vaccinations of 1962 were primary vaccinations—and primary vaccination, especially in an adult, is not without danger. In most infants, however the risk of complications is very small. Why not let the Doctor decide? The recent outbreaks showed the need for protection against Small Pox by vaccination and the Standing Medical Advisory Committee is still of

the opinion that routine vaccination should continue in early childhood, preferably in the second year of life. Unfortunately, people have exceedingly short memories and some 50% of parents with young unvaccinated children have already reverted to their come-day go-day attitude.

In this country, the measures undertaken to control any outbreak of Small Pox have, in the main, been very successful, but outbreak control may not be as effective in an unvaccinated population as in one partly vaccinated.

Shortly after the fear of Small Pox had faded into the darker recesses of people's minds, there was an outbreak of Poliomyelitis in the Ebbw Vale and Abertillery districts. Once again emotions rose to fever-pitch. The careless and the negligent were loudest in their demands for immediate vaccination, this time against poliomyelitis. For several weeks special clinics were opened, in Abergavenny and elsewhere, during the day and well into the evening. At this time the vaccine was given by injection, using dead viruses, but soon afterwards an oral vaccine was made available. Use of the oral vaccine is now almost universal. It was first developed by Dr. Albert Sabin of Cincinnati University using live viruses which had been "tamed" and rendered harmless. A basic four-dose vaccination is offered. If only people would ensure that they and their children are adequately protected by vaccination, then in time this disease would be eliminated altogether.

We have seen the dramatic fall in the incidence and mortality of Diphtheria in this country following the introduction of artificial immunisation on a large scale in the early nineteen forties. Previously, early diagnosis and administration of antitoxin, prompt notification and removal to hospital were the measures relied upon in the control of Diphtheria. These measures contributed towards a lowering of case-fatality but the incidence remained relatively high before the days of artificial immunisation. Diphtheria is now a very rare disease, there are some fifteen years since the last case was notified in Abergavenny Rural District. But, who knows—it may strike explosively and unexpectedly, if the level of immunity drops sufficiently.

Deaths from Whooping Cough have also been reduced appreciably in recent years, but two thirds of these occur in the first year of life, one half in the first six months. While the use of Whooping Cough vaccine does not guarantee complete protection, there is good evidence of its value either in preventing an attack or modifying its severity. Whooping Cough vaccine is given in our clinics in combination with those of Diphtheria and Tetanus, so as to reduce the number of inoculations. This combined method of immunisation is offered to infants in their third month and onwards.

There is a growing impression that Tuberculosis is no longer a problem. This is certainly not the case. Undoubtedly there has been a tremendous improvement with a rise in the standard of living, better housing and education and especially since the advent of chemotherapy. But there are still some 300,000 cases of pulmonary tuberculosis in England and Wales, many of whom are infectious. Here again, vaccination has a major part to play if Tuberculosis is to be effectively controlled. Not everyone requires to be vaccinated against Tuberculosis. Whether or not an individual requires such protection is decided by a skin test. Today B.C.G. vaccination is offered to four groups of individuals in this country :

- (a) infants born to tuberculosis parents
- (b) contacts who show by their skin test that they are susceptible to the disease
- (c) children in their penultimate school year
- (d) nurses, doctors and medical students who are coming in contact with Tuberculosis patients.

Improvement in environmental hygiene and sanitary arrangements triumphed over the alimentary bone diseases, e.g., Typhoid fever. Other factors also played their part. Prompt notification enabled Local Authorities to undertake investigations and institute controlling measures at an early date. Advances in bacteriological science have brought about effective control of milk and water supplies, ice-cream and other foods. The Typhoid carrier has been recognised and prohibited from handling food stuffs. It is difficult to estimate the part played by anti-typhoid vaccine as it is not extensively used in this country. Despite these preventive measures,

early in 1962, a Ministry of Health circular gave the information that eleven cases of Typhoid fever (10 in England and 1 in Wales—"none in Abergavenny Rural") had been reported among persons who had recently returned to this country after visiting Tenerife in The Canary Islands. The fact that Typhoid fever is liable to occur at any time makes it necessary for all health departments to maintain constant vigilance.

In the main, medicine, both physical and social, has triumphed over the Infectious Diseases, so that they no longer present a major threat to life in this country. On the other hand, degenerative, malignant and mental conditions have assumed more and more importance until they now dominate the practice of preventive and curative medicine.

With an ageing population there must naturally be an increasing number of people suffering from the effects of "wear and tear," and those engaged in Public Health have become more and more involved with the community care of those suffering from chronic illnesses. Degenerative diseases cannot be entirely prevented but their onset can be delayed and their rate of progress slowed down. It has been said that heredity deals the cards and environment plays the hand. Hope for the future lies in the correction of any family environment. Much has already been achieved in the physical sense but we live in an ever changing social environment and our way of life has a profound effect on health.

The aim of prevention seems to be correction of the faults without losing satisfaction in living.



# VITAL STATISTICS.

|                                    |     |     |     |              |
|------------------------------------|-----|-----|-----|--------------|
| Area                               | ... | ... | ... | 62,685 acres |
| Population (Estimated)             | ... | ... | ... | 8,890        |
| Number of Inhabited Houses         | ... | ... | ... | 2,465        |
| (According to Rate Book, 31/12/62) |     |     |     |              |
| Rateable Value                     | ... | ... | ... | £70,280      |
| Id. Rate                           | ... | ... | ... | £244         |

1962                      M                      F                      Total.

## Live Births.

Legitimate                      68                      66                      134

Illegitimate                      3                      3                      6

Total                      71                      69                      140

**Live Birth Rate**                      *Rural District*                      *County*                      *E. & W.*

Per 1,000 population                      ...                      15.75                      18.17                      18.0

Comparability Factor = 1.27

Adjusted Birth Rate =  $15.75 \times 1.27 = 20.003$

**Still Births.**                      M.                      F.                      Total.

Legitimate                      1                      0                      1

Illegitimate                      0                      0                      0

Total                      1                      0                      1

**Still Birth Rate.**                      *Rural District*                      *County*                      *E. & W.*

Per 1,000 live and still births                      7.92                      25.64                      18.1

Per 1,000 population                      0.11                      0.48

**Deaths.**                      - M.                      F.                      Total.

All causes                      83                      81                      164

**Death Rate per 1,000 population**                      *Rural District.*                      *County.*                      *E. & W.*

18.4                      11.89                      11.9

Comparability Factor 0.57

Adjusted Death Rate                       $18.4 \times 0.57 = 10.49.$

M.                      F.                      Total.

Death from Cancer, all forms                      9                      11                      20

Death from Lung Cancer                      3                      1                      4

Deaths due to Pregnancy, Child Birth, Abortion—0.

**Maternal Mortality Rate.**                      *Rural District.*                      *County.*

(Rate per 1,000 births)                      0                      0.47

# **Infant Mortality.**

| <i>Cause of death.</i>           | <i>Sex—M.</i> | <i>F.</i> | <i>Age.</i> |
|----------------------------------|---------------|-----------|-------------|
| Cerebral Haemorrhage             | 0             | 1         | 6 hours.    |
| Prematurity                      | 0             | 1         | 4 days.     |
| Asphyxia Neonatorium             | 1             | 0         | 4 days.     |
| Haemolytic Disease of<br>Newborn | 0             | 1         | 5 days.     |
| Congenital Abnormality           | 1             | 0         | 4 weeks.    |
|                                  | <hr/> 2       | <hr/> 3   |             |

| Infant Mortality Rate              | <i>Rural District</i> | <i>County</i> | <i>E. &amp; W.</i> |
|------------------------------------|-----------------------|---------------|--------------------|
| (Rate per 1,000 total live births) | 35.7                  | 25.02         | 21.4               |

|  |       |       |
|--|-------|-------|
| Neo-Natal Mortality Rate = first 4 weeks |       |       |
| (Rate per 1,000 live births)             | 28.57 | 15.82 |

|                                |       |       |
|--------------------------------|-------|-------|
| Early Neo-Natal Mortality Rate |       |       |
| (Under 1 week)                 | 28.57 | 13.56 |

|   |       |       |
|---|-------|-------|
| Perinatal Mortality.  |       |       |
| (Still births and infant deaths<br>under 1 week) per 1,000 total<br>live and still births | 42.55 | 38.85 |



## Causes of Death (1962)

| Cause                                      | Male | Female |
|--|------|--------|
| Tuberculosis ...                           | 1    | 0      |
| Syphilitic Disease ...                     | 0    | 0      |
| Other infective and parasitic disease ...  | 0    | 0      |
| Malignant Neoplasm of Stomach ...          | 4    | 3      |
| Malignant Neoplasm of Lung and Bronchus    | 3    | 1      |
| Malignant Neoplasm of Uterus ...           | 0    | 1      |
| Malignant Neoplasm of Breast ...           | 0    | 1      |
| Other Malignant and Lymphatic Neoplasms    | 2    | 5      |
| Leukaemia ...                              | 0    | 0      |
| Diabetes ...                               | 0    | 1      |
| Vascular Lesions of nervous system ...     | 5    | 7      |
| Coronary Disease, Angina ...               | 25   | 10     |
| Hypertension with Heart Disease ...        | 4    | 3      |
| Other Heart Diseases ...                   | 16   | 29     |
| Other Circulatory Diseases ...             | 4    | 0      |
| Influenza ...                              | 0    | 0      |
| Pneumonia ...                              | 3    | 4      |
| Bronchitis ...                             | 4    | 1      |
| Other Diseases of Respiratory System ...   | 2    | 1      |
| Ulcer of Stomach and Duodenum ...          | 0    | 1      |
| Gastritis, Enteritis, Diarrhoea ...        | 1    | 0      |
| Nephritis ...                              | 0    | 2      |
| Hyperplasia of Prostate ...                | 2    | 0      |
| Congenital Malformations ...               | 1    | 0      |
| Other defined and ill-defined diseases ... | 3    | 9      |
| Accidents (motor vehicle) ...              | 1    | 0      |
| Suicides ...                               | 0    | 1      |
| All other accidents ...                    | 2    | 1      |
| Total ...                                  | 83   | 81     |

## Notification of Infectious Diseases

(Classified according to sex and age).

| <i>Disease</i> | <i>Sex</i> | <i>Age</i><br>0-4 | <i>Age</i><br>5-9 | <i>Age</i><br>10-19 | <i>Age</i><br>20-29 | <i>Age</i><br>30-39 | <i>Age</i><br>40 plus | <i>Total</i> |
|----------------|------------|-------------------|-------------------|---------------------|---------------------|---------------------|-----------------------|--------------|
| Whooping       | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Cough          | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Measles        | Male       | ...               | ...               | ...                 | ..                  | ...                 | ...                   | ...          |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Scarlet Fever  | Male       | ...               | 1                 | ...                 | ...                 | ...                 | ...                   | 1            |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Cerebro Spinal | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Meningitis     | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Typhoid and    | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Paratyphoid    | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Poliomyelitis  | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Dysentery      | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
|                | Female     | ...               | ...               | ...                 | ..                  | ...                 | ...                   | ...          |
| Salmonella     | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Typhimurium    | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Encephalitis   | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Pneumonia      | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
| Erysipelas     | Male       | ...               | ..                | ...                 | ...                 | ...                 | ..                    | ...          |
|                | Female     | ...               | ...               | ...                 | ...                 | ...                 | ..                    | ...          |
| Abortus Fever  | Male       | ...               | ...               | ...                 | ...                 | ...                 | ...                   | ...          |
|                | Female     | ...               | ..                | ...                 | ...                 | ...                 | ...                   | ...          |

## TUBERCULOSIS

|                      |     |     |               |     |     |
|----------------------|-----|-----|---------------|-----|-----|
| Notified : Pulmonary | M 0 | F 2 | Non-Pulmonary | M 0 | F 0 |
| Deaths : Pulmonary   | M 1 | F 0 | Non-Pulmonary | M 0 | F 0 |

## Vaccinations against Small Pox

|               |     | Numbers Vaccinated |      |      |      |      |      |      |      |      |
|---------------|-----|--------------------|------|------|------|------|------|------|------|------|
| Age Groups    |     | 1954               | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
| Under 1 year  | ... | 25                 | 22   | 47   | 44   | 46   | 37   | 60   | 50   | 40   |
| 1—4 years     | ... | 2                  | 7    | 35   | 12   | 6    | 18   | 13   | 40   | 158  |
| 5—14 years    | ... | 1                  | 4    | 1    | 6    | 5    | 9    | 0    | 8    | 667  |
| 15 years plus | ... | 8                  | 3    | 12   | 28   | 14   | 8    | 2    | 4    | 1453 |
| Totals        | ... | 36                 | 36   | 95   | 90   | 71   | 72   | 75   | 102  | 2318 |

In addition there were 13 re-vaccinated.

## Immunisations against Diphtheria, Whooping Cough and Tetanus

|               |      | Numbers Immunised |      |      |                     |                      |                                   |                                |  |
|---------------|------|-------------------|------|------|---------------------|----------------------|-----------------------------------|--------------------------------|--|
| Age Groups    | 1955 | 1956              | 1957 | 1958 | 1959                | 1960                 | 1961                              | 1962                           |  |
| Under 5 years | 78   | 141               | 77   | 112  | 39 Diph.<br>54 Whc. | 70 Diph.<br>80 Whc.  | 137 Diph.<br>114 Whc.<br>128 Tet. | 88 Diph.<br>80 Whc.<br>85 Tet. |  |
| 5—14 years    | 360  | 58                | 5    | 205  | 3 Diph.<br>0 Whc.   | 48 Diph.<br>4 Whc.   | 8 Diph.<br>1 Whc.<br>7 Tet.       | 3 Diph.<br>0 Whc.<br>1 Tet.    |  |
| Totals        | 438  | 199               | 82   | 317  | 42 Diph.<br>54 Whc. | 118 Diph.<br>84 Whc. | 145 Diph.<br>115 Whc.<br>135 Tet. | 91 Diph.<br>80 Whc.<br>86 Tet. |  |

In addition to the above, 17 children were given 'Booster' diphtheria prophylactic injections.

Yours faithfully,

S. M. JAMES, B.Sc., M.B., B.Ch., D.P.H.  
Medical Officer of Health.

## WATER SUPPLY

There has been little change in the water supply position in the Rural Area since the last report. Consultations have taken place between the Council's Consultant Engineers and the Newport and South Monmouthshire Water Board and the Ministry regarding a scheme for providing a mains water supply for the Plough and Llangattock Lingoed area ; also for a supply direct from the Newport and South Monmouthshire Water Board to the Pen-y-val Hospital.

The Council's own supplies for the Rural Area are at Llanover, Tyn-y-wern and Grosmont ; a large portion of the Rural Area is supplied from these three sources. The sources of supply in all three are Springs. The water is not filtered but is chlorinated before entering the distribution mains. A portion of the Govilon area is supplied by the Abertillery and District Water Board and the Newport and South Monmouthshire Water Board ; the latter also supplements the Llanover supply.

Complaints have been received that certain parts of the area, such as Pandy and Brynygwenin, are without water during periods in the year.

Many isolated cottages and farms are still dependent on their own springs or wells for their supply of water. These, in some instances, are a considerable distance away from the dwellings. The quality of the water in these cases is doubtful and during dry periods it is inadequate in quantity.

During the year the following samples were taken for bacteriological examination :—

| SOURCE          | RAW WATER    |                | TREATED      |                |
|-----------------|--------------|----------------|--------------|----------------|
|                 | Satisfactory | Unsatisfactory | Satisfactory | Unsatisfactory |
| Main Supply     | —            | —              | 45           | 7              |
| Wells & Springs | 4            | 19             | 5            | —              |

It will be observed that seven samples of water taken from the Public Supply were bacteriologically unsatisfactory. This is most unsatisfactory, and no treated supply should be unsatisfactory from from a bacteriological standard.

### **Sewerage and Sewage Disposal.**

Parts of the populated area are sewered and means of disposal is by sedimentation tanks, rotary filters and humus tanks.

On small Council Housing Sites septic tanks with filters are in use.

Govilon is connected to the Sewage Works owned by and situated in the Crickhowell Rural District Council area. Llanfoist is connected to the Abergavenny Borough Sewage Works.

At present one man is employed full time and another part time to carry out the maintenance work ; transport is shared between the Surveyor's Department and the Public Health Department for the conveyance of these men to the various sites. The Council employs a Contractor to desludge periodically the sedimentation and septic tanks by means of a cesspit emptier.

During the year properties at Llanddewi Rhydderch were connected to the main sewer. The Council has schemes prepared for the provision of a Public Sewer and Disposal Works at Grosmont and Pandy.

Isolated cottages and farms in the Area are served by septic tanks, earth and chemical closets

### **Public Scavenging.**

Most of the Rural District is covered by the Council's scavenging scheme, which is under the control of the Council's Surveyor.

The collection is a kerbside one, which is carried out weekly in the populated parts of the District and fortnightly or monthly in the out-lying parts of the Rural Area.

The Council have at the present time been considering the improvement of this service by re-planning of the present routes and the purchase of a larger refuse vehicle.

The Council at present have one refuse tip at Llanvihangel Crucorney. The tip is adequately controlled against vermin.

### **Slaughter Houses.**

There are no licensed Slaughterhouses in the Rural District. The majority of slaughtering is carried out in the Abergavenny Borough Abattoir.

### **Factories Act, 1961.**

|   |     |    |
|---|-----|----|
| Number of Factories on Register, December, 1962 | ... | 17 |
|---|-----|----|

### **Written Notices.**

|                                       |     |     |      |
|---------------------------------------|-----|-----|------|
| 1. Want of Cleanliness                | ... | ... | Nil. |
| 2. Insufficient Sanitary Conveniences | ... | ... | Nil. |

### **Ice Cream (Heat Treatment) Regulations, 1947.**

Twenty-six premises are registered for the sale of Ice Cream in the Rural District. There were no new registrations during the year. All the Ice Cream is imported into the area and is pre-packed and manufactured by well known firms.

There are no Manufacturers of Ice Cream in the Rural Area.



## Rodent Control.

This work is now being carried out by a Private Contractor

|   | Type of Property          |   |   |                                       |                          |
|---|---------------------------|---|---|---------------------------------------|--------------------------|
|   | Non-Agricultural          |   |   |                                       | (5)<br>Agri-<br>cultural |
|   | (1)<br>Local<br>Authority | (2)<br>Dwelling<br>Houses<br>including<br>Council<br>Houses | (3)<br>All other<br>including<br>Business<br>Premises | (4)<br>Total of<br>Cols.<br>1, 2, & 3 |                          |
| 1. No. of properties in<br>Local Authority's<br>District                    | 14                        | 1993  | 215   | 2222                                  | 534                      |
| 2. No. of properties<br>inspected as a<br>result of:—                       |                           |   |   |                                       |                          |
| (a) Notification  | —                         | 195   | —   | 195                                   | —                        |
| (b) Survey under<br>the Act   | 114                       | 715   | 20  | 849                                   | 246                      |
| (c) Otherwise   | —                         | —   | —   | —                                     | —                        |
| 3. Total Inspections<br>carried out including<br>re-inspections             | 114                       | 810   | 20  | 944                                   | 246                      |
| 4. No. of properties<br>inspected in Sect.<br>2 which were<br>infested by : |                           |   |   |                                       |                          |
| (a) Rats, Major   | —                         | —   | —   | —                                     | —                        |
| Minor   | 80                        | 195   | —   | 275                                   | 246                      |
| (b) Mice, Major   | —                         | —   | —   | —                                     | —                        |
| Minor   | —                         | 12  | —   | 12                                    | —                        |

# Rodent Control—continued

|   | Type of Property          |   |   |                                      |                          |
|---|---------------------------|---|---|--------------------------------------|--------------------------|
|   | Non-Agricultural          |   |   |                                      | (5)<br>Agri-<br>cultural |
|   | (1)<br>Local<br>Authority | (2)<br>Dwelling<br>Houses<br>including<br>Council<br>Houses | (3)<br>All other<br>including<br>Business<br>Premises | (4)<br>Total of<br>Cols.<br>1, 2 & 3 |                          |
| 5. No. of infested prop-<br>erties in Sect. 4<br>treated by L.A.  | 80                        | 207   | —   | 287                                  | 246                      |
| 6. Number of Notices<br>under Sect. 4 of<br>the Act :   |                           |   |   |                                      |                          |
| (a) Treatment   | —                         | —   | —   | —                                    | —                        |
| (b) Structural<br>Work  | —                         | —   | —   | —                                    | —                        |
| 7. No. of cases in which<br>default action was<br>taken following<br>the issue of a<br>notice under Sect.<br>4 of the Act | —                         | —   | —   | —                                    | —                        |
| 8. Legal Proceedings  | —                         | —   | —   | —                                    | —                        |
| 9. Number of "Block"<br>Control Schemes<br>carried out  | —                         | —   | —   | —                                    | —                        |

## HOUSING.

|   |                        |  |                 |
|---|------------------------|--|-----------------|
| I. Inspection of Dwelling Houses during the year :      |                        |  |                 |
| (1)   | (a)                    | Total number of Dwelling Houses inspected for Housing Defects (under Public Health and Housing Act, 1936-1957) ... | 125             |
|   | (b)                    | Number of Inspections made for the purpose ...   | 125             |
| (2)   |                        | Number of Dwellings found to be in a state so dangerous or injurious to health as to be unfit for habitation ...   | 7               |
| II. Action under the Statutory Powers during the year : |                        |  |                 |
| (1)   |                        | Proceedings under Sections 9, 10, 11, 12 and 16 of the Housing Act, 1957 :   |                 |
|   | (a)                    | Number of dwelling houses in respect of which notices were served requiring repairs ...                            | 4               |
|   | (b)                    | Number of Closing Orders served ...  | 1               |
|   | (c)                    | Number of Demolition Orders served ...   | 2               |
| III. Improvement Grants :                               |                        |  |                 |
| (1)   | Standard Grants :      |  |                 |
|   | (a)                    | Number of applications received during the year 1962 ...   | 23              |
|   | (b)                    | Number of applications approved during the year 1962 ...   | 21              |
|   | (c)                    | Number of applications withdrawn during the year 1962 ...  | 1               |
|   | (d)                    | Number of cases where work was completed by 31st December, 1962 ...  | 9               |
|   | (e)                    | Expenditure ranking for grants approved during the year 1962 ...   | £3,065 . 0 . 0  |
| (2)   | Discretionary Grants : |  |                 |
|   | (a)                    | Number of applications received during the year 1962 ...   | 3               |
|   | (b)                    | Number of applications approved during the year 1962 ...   | 3               |
|   | (c)                    | Number of applications withdrawn during the year 1962 ...  | —               |
|   | (d)                    | Number of cases where work was completed by 31st December, 1962 ...  | —               |
|   | (e)                    | Expenditure ranking for grants approved during the year 1962 ...   | £1,196 . 10 . 0 |

**Inspection and Supervision of  
Food Premises and Licensed Premises.**

Visits are made periodically to all Food Premises and Licensed Premises. With few exceptions the general standard of Food Premises and Licensed Premises in the area is good.

In conclusion, I would like to thank the Chairman and Members of the Council, the Chairman and Members of the Public Health Committee, the Clerk and other Officers, for their help and valuable assistance during the year.

Yours faithfully,

F. D. COLLIER, M.R.S.H., M.A.P.H.I.

Public Health Inspector.



WELCH BOARD OF HEALTH  
RECEIVED

24 SEP 1963

A.